STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 01 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/06/11 Facility Number: 000274 Provider Number: 15A014 AIM Number: 100271660 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Vernon Manor Childrens Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This original section of this one story facility was determined to be of Type II (111) construction and	K0000	This plan of Correction constitues the written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficience exits or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.Vernon Manor Children's Home desires this Plan of Correction to be considered the facility's Allegation of Compliance.Compliance if effective on: 7/6/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 01 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	was sprinklered. A newer addition known as wing six was of Type V (111) construction and was sprinklered. The facility has a fire alarm system with smoke detection in corridors, spaces open to the corridors and single station battery operated smoke detectors in the resident rooms. The facility has a capacity of 119 and had a census of 89 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/10/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0061 SS=F	Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 Based on observation and interview, the facility failed to ensure 4 of 4 manual water shut off valves for the sprinkler system were electronically supervisor.	K0061	It is the policy of this facility to have automatic sprinkler systems valves supervised so that at least a local alarm will sound when the valves are closes.1. How will corrective action be	07/06/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 01 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	This deficient practice affects all occupants. Findings include: Based on observation with the Maintenance Director on 06/06/11 at 12:00 p.m., the four water shut off valves for the sprinkler system were secured in the open position with a chain and padlock. Based on an interview and observation with the Maintenance Director, all tamper switches were in place but were not connected. 3.1-19(b)		accomplished for those residents found to have been affected by the practice? No residents were found to be affected by this practice.2. How will the facility identify other residents having the potential to be affected by the same practice?All residents had the potential to be affected by this practice. None were found to have been affected.3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur?All Tamper switches were in place but were not connected do to the consturuction.Plans were made to install sprinklers in the remaining un-sprinkled portion of the existing building during the construction of the new addition. The plans for the new construction called for a new fire panel and it was intended to interconnect the existing building fire panel to the new panel for a complete system. The sprinkler work was completed in the existing building first in order to provide the added fire protection (especially during construction), but when it was time to install the additional tamper alarms it was determined the existing building fire alarm panel did not have enough spare alarm points and did not meet current codes. Therefore the best option was to eliminate the current fire panel and upgrade the new addition panel to service the entire	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 01 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			building. In order to do this all the existing devices must be changed in order to be compatible with the new up to date, code compliant, fully addressable fire panel.Once the sprinkler system in the existing building was completed, the main valves at the riser were opened and chained with a padlock. The system was tested and also inspected by the Wabash Fire Department (Fire Inspector – Carl Hall). The riser is located in a closet with a closed door. Access to the closet is from the outside through a locked door or from the therapy room, which is also a locked door. There is no access for residents or the general public to this area. A documented in-service training(Exhibit A) session was conducted for staff to familiarize them with the new equipment and procedures. There are only 2 keys to the padlock and they are kept in Maintenance Department. In addition the maintenance supervisor, during his daily rounds, checks the doors and riser closet. This is a very secure and often checked area.Even if it was known that a new fire panel was needed, the alternative to not locking the valves would be to wait until the new fire panel is in place and all the devices are changed before energizing the sprinkler system. Since we were under construction, it seemed more prudent to have the added fire protection for the existing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 01 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			building and risk the very remote possibility that someone would intentionally or inadvertently tamper with padlocked, chained valves, in a secure closet behind locked doors. In addition the the system put in place by the facility. The installing company, Fairchild Communication, put into place a tag sytems with tag numbers recorded by their staff to be moniotor by their staff for any potential tampering that might occur with system.The total fire alarm system, including the tamper switches, is presently scheduled to be completed by July 6, 2011. (Exhibit B) 4. How will the facility monitor its corrective actions to ensure that the practice will not recur?After the total fire alarm systems is completed the total fire alarm system including the tamper switches will be elctronically supervised reports regarding the monitoring will be brought to monthly QA by Maintenance Director on going.Vernon Manor respectfully is submitting the above information asas an IDR to this citation.5. Date of Compliance: 7/6/2011	
K0130 SS=D	OTHER LSC DEFICIENCY NOT ON 2786 Based on record review and interview, the facility failed to ensure 2 of 6 water heaters had current inspection certificates to ensure the water heaters were in	K0130	It is the policy of this facility to ensure water heaters are inspected to ensure the water heaters are in safe operating condition.1. How will corrective action be accomplished for those residents found to have been	07/06/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 02 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	safe operating condition. NFPA 101 in 19.1.1.3 requires all health facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of residents. This deficient practice was not in a resident care area but could affect any number of staff. Findings include: Based on record review with the Maintenance Director on 06/06/11 at 12:05 p.m., the Certificate of Inspection for each of the laundry room gas fueled water heaters with registration numbers 286304 and 267793 expired on 04/28/11. Based on interview with the Maintenance Director, he requested an inspection thirty days prior to the expiration date but to date, the water heaters have not received an inspection. 3.1-19(b)		affected by the practice.No resident were effected by this practice.2. How will the facility identify other residents having the potential to be affected by the dame practice? All residents had the potential to be affected.None were found to have been affected.3. What measures will be put into place or systematic changes made to ensure that the practice will not recur?As documented in a statement by David Scherer, Boiler & Pressure Vessel Inspector, Indiana Department of Homeland Security, (Exhibit C) the facility made every effort to comply with this regulation. However they are not in control of government agencies who did not respond in a timely manor. The inspection was completed on 06/07/2011 (exhibit D) The facility will continue to notify the government agency of the inspection date in a timely manor. The maintenance director will notify the ED 1 month in advance of the date the inspection will be needed. He will further document time, date, and person spoke with at the department of Home Land Security 2 months before due date. One month before due dated, Follow up calls will be made and documented every week until inspections are completed.4. How will the facility monitor its corrective actions to ensure that the practice will not recur?The maintenance director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 02 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			will notify the ED 1 month in advance of the date the inspection will be needed. He will further document time, date, and person spoke with at the department of Home Land Security 2 months before due date. One month before due dated, Follow up calls will be made and documented every week until inspections are completed. Results of monitoring will be brought to monthly QA. starting 2 months in advance of due date.Because the facility made every effort to comply with this regulation and have no control of government agencies, we are respectfully requesting an IDR.5. Date of compliance: 7/6/2011	
K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6	K0144	It is the policy of this facility to inspect generators weekly and exercise under load for 30 minutes.1. How will corrective action be accomplished for those residents found to have been affected by this practice?No residents were affected by this practice.2. How will the facility identify other residents having the potential to be affected by the same practice.All residents had the potential to be affected.None were found to have been affected.3. What measures will be put into place or systematic changes made to ensure that the	07/06/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 02 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants. Findings include: Based on observation with the Maintenance Director on 06/06/11 during a tour of the facility from 11:20 a.m. to 2:00 p.m., the facility did not have a remote manual stop for the emergency generator. An emergency stop button was observed at the emergency generator. Based on an interview with the Maintenance Supervisor at 11:20 a.m., the generator was a 150 kw generator rated at over 100 horsepower.		practice will not recur?The facility has contracted with Clarke Power Services, Inc. for the installation of the emergency stop switch with the antisipated completion date of 6/24/11 (exhibit E) 4. How will the facility monitor its corrective actions to ensure that the practice will not recur?Maintanence Director will include monitoring of the remote stop switch in the weekly pm program for the emergency generator. Results of this monitoring will be brought to monthly QA on going. 5. Date of Compliance:7/6/11	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A014	A. BUILDING 02 B. WING	06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON MANOR CHILDRENS HOME	1955 SOUTH VERNON STREET WABASH, IN46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	3-1.19(b)			